

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90176 001 ****13.10
 04-11-2000 90176 002 ****17.50
 04-11-2000 90176 003 ****17.50
 04-11-2000 90176 004 ****21.90

7067



DO NOT WRITE IN THIS SPACE

DOCUMENT # 710889
 1. Entity Name
OCEAN HOUSE ASSOCIATION, INC.

Principal Place of Business 1200 US HWY ONE N PALM BCH FL 33408	Mailing Address 1200 US HWY ONE N PALM BCH FL 33408-3502
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1319818	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**LETSCH, EILEEN F.
 1200 US HWY ONE
 N PALM BCH. FL 33408**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SWANK, RUSSELL	
STREET ADDRESS	11370 TURTLE BEACH ROAD	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	VAN BOVEN, CAROLYN	
STREET ADDRESS	11270 TURTLE BEACH RD	
CITY-ST-ZIP	N. PALM BECH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MACNIDER, JACK	
STREET ADDRESS	11312 TURTLE BEACH RD	
CITY-ST-ZIP	N PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROENISCH, DAVIS	
STREET ADDRESS	11416 TURTLE BEACH RD.	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHACE, MALCOM G	
STREET ADDRESS	11354 TURTLE BCH RD	
CITY-ST-ZIP	NO. PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lacy, Andre	
STREET ADDRESS	11416 Turtle Beach Road	
CITY-ST-ZIP	N Palm Beach, FL 33408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DAVIS ROENISCH** *3/23/00*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #